

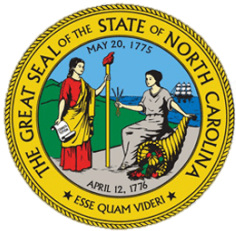
North Carolina COVID-19 Vaccine Program Provider Enrollment

Part A - Register your organization and select system

User Guide

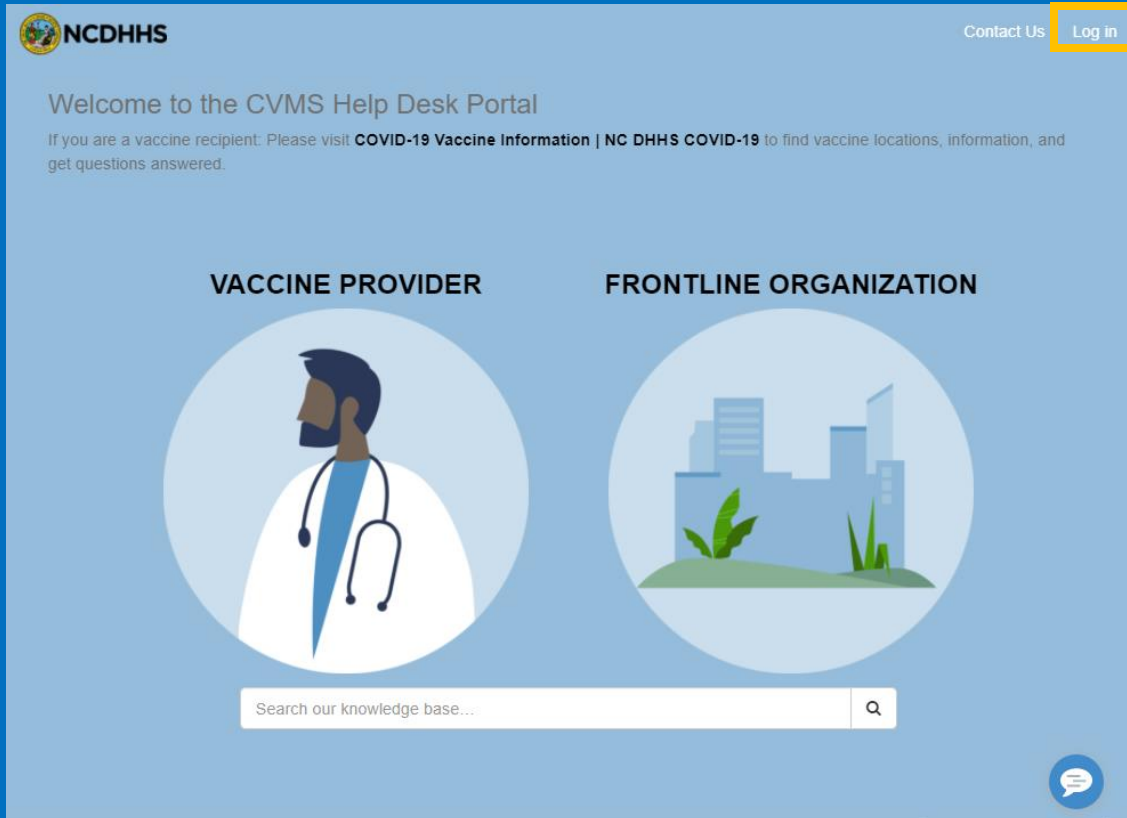
Version 14

November 15, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the NC Vaccines Help Desk Portal* at

https://ncgov.servicenowservices.com/csm_vaccine

You can also call the NC Vaccines Help Desk at **(877) 873-6247** and select option 1.

The NC Vaccines Help Desk is available during the following hours:

Monday to Friday: 7 am – 7 pm ET

Saturday: 8 am – 4 pm ET

Sunday: Closed

* On the home page of the NC Vaccines Help Desk Portal, select **Login** at the top right-hand corner, then select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the NC Vaccines Help Desk Portal will have to follow the steps below:

1. Register for an account by clicking '**Login**' then '**Register**' on the left side of the screen
2. Populate your first name, last name, and business e-mail
3. You will receive an e-mail with your username and temporary password to log into the portal

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Overview

Overview

Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on '[Locations](#)' at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

Don't Show this Again ☐

Close

In this user guide, we will discuss how to enroll your organization into the State of North Carolina COVID-19 Vaccination Program by creating your Organization Administrator Account and completing Section A of the enrollment.

The content included in this training is for the following role:
Organization Administrator.

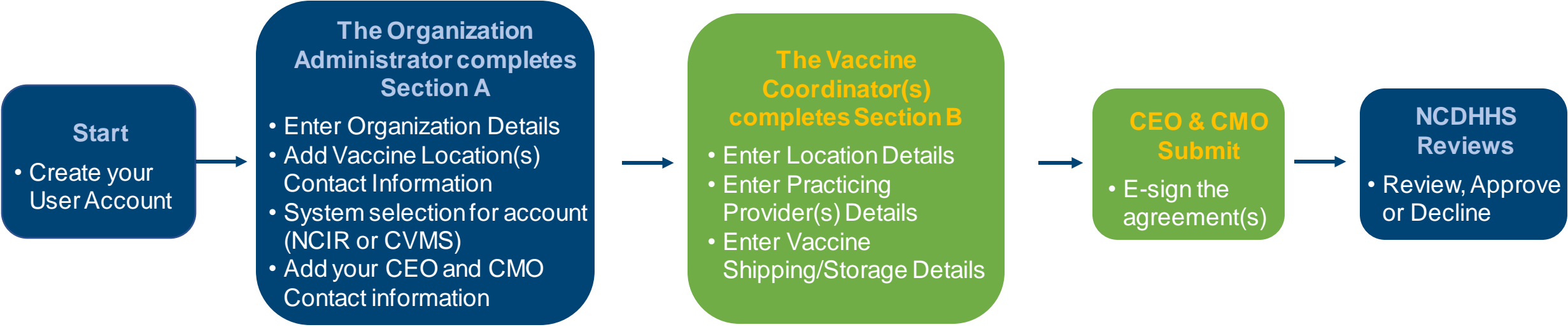
Additionally, you will need to:

- Use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers
- Log into the CVMS Provider Enrollment Portal (<https://covid-enroll.ncdhhs.gov/>)

Now, let's get started!

Process Flow

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **COVID-19 Vaccine Management (CVMS) PROVIDER ENROLLMENT PORTAL** in five steps:



Additional Resources

- CVMS Provider Enrollment Portal - <https://covid-enroll.ncdhhs.gov/>
- Vaccine Readiness Checklist - <https://covid19.ncdhhs.gov/covid-19-vaccine-readiness-checklist-download/download>
- Learning Materials: <https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms-steps-providers>

This user guide focuses on the Organization Administrator responsibilities

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator

- ☐ **Create** your user account
- ☐ Select system to use for your account (NCIR or CVMS)
- ☐ Mark if your organization is a **Redistribution Participant**
- ☐ **Add** all locations and enter for each location the vaccine coordinator(s) contact information
- ☐ Add your organization's **CEO**
- ☐ Add your organization's **CMO**

Vaccine Coordinator

- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ **Upload pictures** of the interior and exterior of your **storage units**
- ☐ **Input all practicing providers** at your location
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ Review and sign the **Storage and Handling Attestation**

For locations with at least 25 practicing providers, return completed **Practicing Provider Bulk Upload Template** to the NC Vaccines Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Chief Executive Officer (CEO)

- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

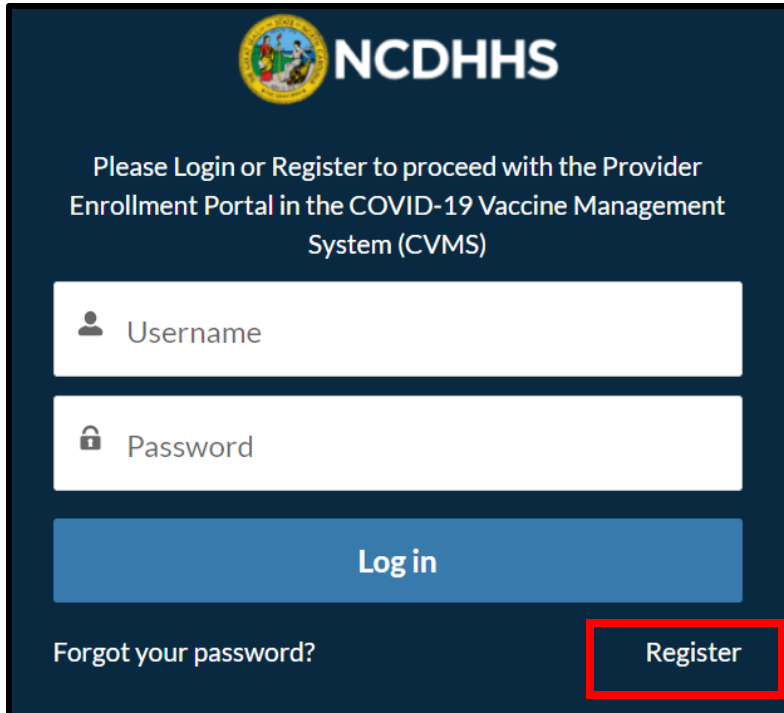
Chief Medical Officer (CMO)

- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Note: A single user can assign to themselves all four profiles above if applicable and complete the enrollment process.

Create your User Account with an Organization Administrator Profile

Step 1 of 2: Navigate to Provider Enrollment Portal



The screenshot shows the NCDHHS logo at the top left. Below it, the text reads: "Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)". There are two input fields: "Username" with a person icon and "Password" with a lock icon. Below these fields is a blue "Log in" button. At the bottom left, there is a link "Forgot your password?". At the bottom right, there is a "Register" button, which is highlighted with a red rectangular border.

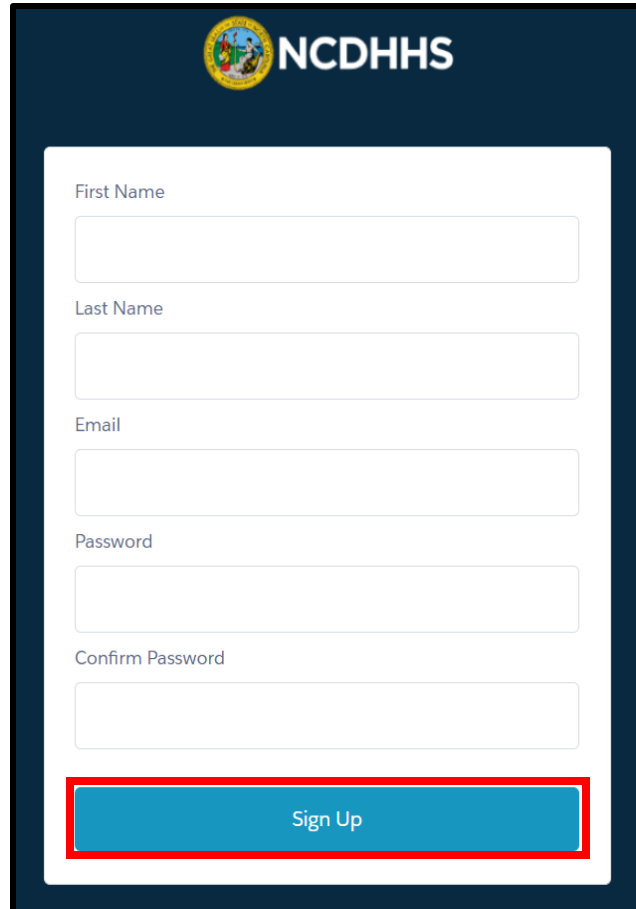
When you are ready to begin enrolling,

1. Navigate to the CVMS Provider Enrollment Portal at <https://covid-enroll.ncdhhs.gov>
2. Click the **REGISTER** button

Audience

Organization
Administrator

Step 2 of 2: Finalize your Registration

A screenshot of the NCDHHS registration form. The form is titled "NCDHHS" with the state seal logo. It contains five input fields: "First Name", "Last Name", "Email", "Password", and "Confirm Password". At the bottom of the form is a blue "Sign Up" button, which is highlighted with a red rectangular border.

Begin by creating your account.

1. Enter your **FIRST NAME** and **LAST NAME**

2. Enter your **EMAIL**.

*Note: This will be the username you use to log in to the CVMS
Provider Enrollment Portal*

3. Enter your **PASSWORD**

Passwords must meet the following criteria:

- 1) *Be at least 12 characters*
- 2) *Include at least 1 uppercase letter*
- 3) *Include at least 1 lowercase letter*
- 4) *Include at least 1 special character*
- 5) *Include at least 1 number*

4. Click **SIGN UP**

Audience

Organization
Administrator

Complete Section A


Step 1 of 9: Complete Confidentiality Agreement

Upon your first login to the Provider Enrollment Portal, you will be prompted to read and accept the CVMS Confidentiality Agreement.

- 1. Click **I AGREE**

Audience

Organization Administrator



Test McTester

Home

CEO Review/Sign

CMO Review/Sign

Locations

Confidentiality Agreement

CVMS is a system of the State of North Carolina, Department of Health and Human Services (NC DHHS), Division of Public Health (DPH) that enables vaccine management and essential data sharing between vaccine administrators, providers, and public health officials, who have authorized and credentialed access to CVMS (Authorized Users). CVMS contains immunization records and other Protected Health Information (PHI), Personally Identifiable Information (PII), and other information confidential under state and federal law (Confidential Information). At all times, CVMS shall only be accessed by Authorized Users consistent with that user's job duties, responsibilities, and level of authorization, exclusively for legally-permitted uses, and only to the extent strictly necessary (Authorized Access). By clicking "[I Agree]" and proceeding further, you are acknowledging you understand and agree with the preceding statements. Additionally, by clicking "[I Agree]" and proceeding further, you understand and agree to abide by all of the following, including the consequences of any violations of: applicable state and federal confidentiality laws; applicable provisions of the NC DHHS Office of Privacy and Security Manual; and applicable provisions of the North Carolina Department of Information Technology (NCDIT) Statewide Information Security Policies. Unauthorized access or use of CVMS or Confidential Information violates the CVMS Terms of Use and Confidentiality agreement and could expose you or your organization to civil or criminal liability.

Users of this system have no expectation of privacy. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, processed, or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel. Anyone using this system expressly consents to such monitoring.

Cancel

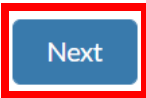
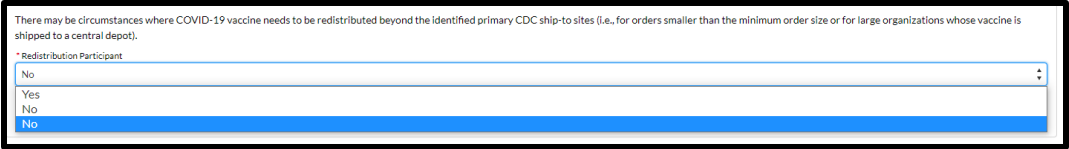
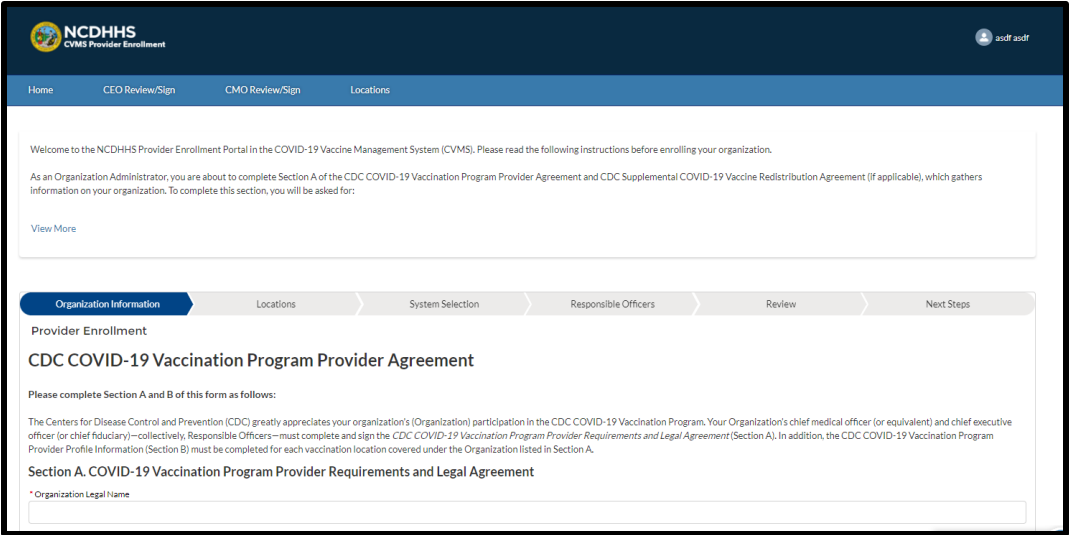
I Agree

officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

* Organization Legal Name

Step 2 of 9: Enter Your Organization Details



Once you begin Section A, you will be prompted to enter your **organization details** and indicate if your **organization is a redistribution participant**.

1. Populate all required **ORGANIZATION DETAILS**

- a. **ORGANIZATION NAME**
- b. **PHONE NUMBER**
- c. **E-MAIL**
- d. **ADDRESS**

2. If your organization is a redistribution participant, select **YES** next to **REDISTRIBUTION PARTICIPANT**

3. If you select Yes, your **CEO and CMO** will be required to **SIGN AN ADDITIONAL AGREEMENT** indicating that they have reviewed the submitted information and signed the redistribution agreement.

4. Review all details entered

5. Click **NEXT**

Audience

Organization Administrator

Tips

You can pause and save your progress at any point before submitting Section A. If you pause, you must logout before logging in and continuing your session.

If your organization address is outside of North Carolina, select **OTHER** for county.

Step 3 of 9: Add Your Location(s) Details

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

View More

✓

Locations

System Selection

Responsible Officers

Review

Next Steps

Provider Enrollment

Approved Locations

Pending Locations

	<div><div></div>Location Name</div>	<div><div></div>Pri. Coordinator First Name</div>	<div><div></div>Pri. Coordinator Last Name</div>	<div><div></div>Pri. Coordinator Middle Init...</div>	<div><div></div>Pri. Coordinator Telephone</div>	<div><div></div>Pri. Coordinator Email</div>
1	<div><div></div>DoNotUse - NotRealLoc 1</div>	TESTAlex	TESTDoc		000-000-0000	alessandro.gutzmore@acc...
2	<div><div></div>LOC-101010</div>	Alex	TESTER		123-456-7890	alessandro.gutzmore-acn@...
3	<div><div></div>Testing 1234</div>	Max	Batman		888-333-9999	mhtest@gmail.com
4	<div><div></div>DoNotUse-NotRealLoc-PE ...</div>	Abraham	Tester		212-111-4444	abrahamtester@mailinator...

Deactivate Location(s)

Add New Location

* Location Name

* Primary Coordinator First Name

* Primary Coordinator Last Name

Primary Coordinator Middle Initial

* Primary Coordinator Telephone (xxx-xxx-xxxx)

* Primary Coordinator Email

Create Location

Pause

Previous

Next

After entering your organization’s details, you will now be able to **ADD ONE OR MORE LOCATIONS** that are storing and/or receiving shipments of the COVID-19 vaccine and their respective details.

1. Complete the information for the **FIRST LOCATION** in the organization
2. Click **CREATE LOCATION**
3. You will see the location details appear in the list of **PENDING LOCATIONS**
4. Repeat this process for each location you wish to add
5. Click **NEXT**

Audience

Organization Administrator

Tips

All locations within an organization must have the same CMO and CEO.

Enter your information if you will also be the Primary Vaccine Coordinator.

You can add more locations later as needed.

Step 4 of 9: Edit Your Location(s) Details (if needed)

✓

Locations

System Selection

Provider Enrollment

Approved Locations

	<input type="checkbox"/> Location Name	<input type="checkbox"/> Pri. Coordinator First Name	<input type="checkbox"/> Pri. Coordinator Last Name
1	<input type="checkbox"/> DoNotUse - NotRealLoc 2	TESTDoc	TESTDoc
2	<input type="checkbox"/> Do Not Use Skedulo Locatio...	Lipsa	Satapathy
3	<input type="checkbox"/> Location 5783 Testing	Lipsa	Satapathy
4	<input type="checkbox"/> DoNotUse - TestLocation	Nicole	PrimCoord Test
5	<input type="checkbox"/> DoNotUse-NotRealLoc-Bo...	First	Last
6	<input type="checkbox"/> DoNotUse-NotRealLoc-Bo...	First	Last
7	<input type="checkbox"/> DoNotUse-NotRealLoc-Bo...	Test	Last

Pending Locations

	<input type="checkbox"/> Location Name	<input type="checkbox"/> Pri. Coordinator First Name	<input type="checkbox"/> Pri. Coordinator Last Name
1	<input type="checkbox"/> DoNotUse - NotRealLoc 1	TESTAlex	TESTDoc
2	<input type="checkbox"/> LOC-101010	Alex	TESTER
3	<input type="checkbox"/> Testing 1234	Max	

Previous

Next

After adding a location, you can edit and update the information.

1. Identify the **LOCATION** you wish to edit
2. Click the **PENCIL ICON** next to the field you wish to update
3. Update the information
4. Review the information. Repeat for all details you wish to update.
5. Click **NEXT**

Audience

Organization Administrator

Step 5 of 9: Deactivate Your Location(s) (if needed)

After adding a location, you can deactivate location(s).

- 1. Identify the **LOCATION** you wish to deactivate
- 2. Select the **CHECKBOX** for one or more locations
- 3. Review the locations you have selected to deactivate
- 4. Click the **DEACTIVATE LOCATION(S)** button
- 5. Click **NEXT**

Audience

Organization Administrator

Tips

Deactivate locations so they are not considered as part of the review of your Provider Enrollment Agreement.

Deactivated locations will not be able to receive or store shipments of the COVID-19 vaccine.

✓

Locations

System Selection

Provider Enrollment

Approved Locations

1

	<input type="checkbox"/> Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name
1	<input type="checkbox"/> DoNotUse - NotRealLoc 2	TESTDoc	TESTDoc
2	<input type="checkbox"/> Do Not Use Skedulo Locatio...	Lipsa	Satapathy
3	<input type="checkbox"/> DoNotUse - TestLocation	Nicole	PrimCoord Test
4	<input type="checkbox"/> DoNotUse-NotRealLoc-Bo...	First	Last
5	<input type="checkbox"/> DoNotUse-NotRealLoc-Bo...	First	Last

Pending Locations

1

	<input type="checkbox"/> Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name
1	<input type="checkbox"/> DoNotUse - NotRealLoc 1	TESTAlex	TESTDoc
2	<input type="checkbox"/> Testing 1234	Max	Batman
3	<input checked="" type="checkbox"/> DoNotUse-NotRealLoc-PE ...	Abraham	Tester

Deactivate Location(s)

Previous

Next

Step 6 of 9: System Selection

You will now be prompted to choose which vaccine management system to use for your account – North Carolina Immunization Registry (NCIR) or CVMS. See the following slides for each system.

Note: Your selection is made at the organizational level for the entire account so all locations associated with the account will use the same system. Once a system is selected, it cannot be changed.

Audience

Organization Administrator

Tips

Before making a selection, ensure that all providers in the organization are aware that vaccine inventory cannot be transferred between CVMS and NCIR users.

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

✓

System Selection

Responsible Officers

Review

Next Steps

Provider Enrollment

System Selection Information

* Selected COVID-19 Vaccine Documentation System

Please select a system

Please select a system

CVMS

NCIR

Step 6a of 9: Selecting NCIR

If you select NCIR, an NCIR AGREEMENT is required.

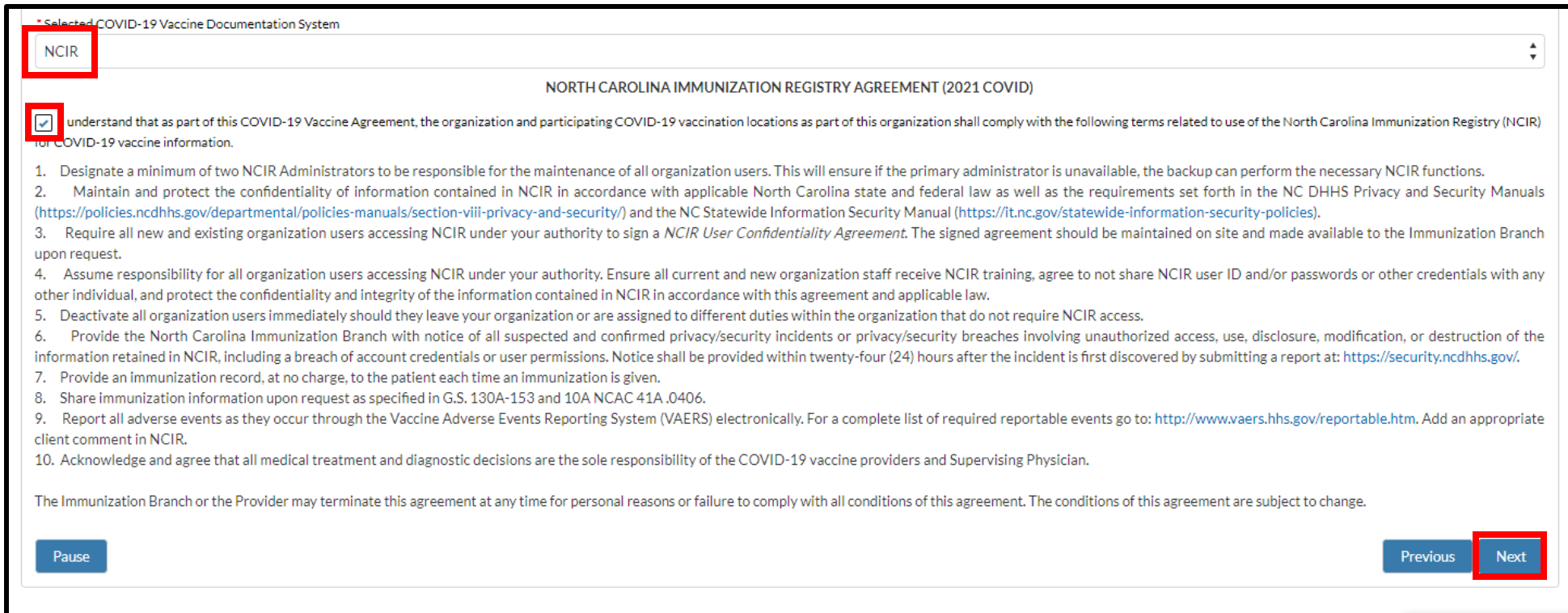
1. Select **NCIR** from the pick list
2. Read the agreement that automatically displays and click the **CHECKBOX** next to the agreement attestation
3. Click **NEXT**

Audience

Organization
Administrator

Tips

If NCIR is selected, all previously registered CVMS users within the organization will be deactivated within 3-10 business days.



The screenshot shows a web interface for selecting a COVID-19 vaccine documentation system. At the top, a dropdown menu is set to "NCIR". Below this, a checkbox is checked next to the text: "I understand that as part of this COVID-19 Vaccine Agreement, the organization and participating COVID-19 vaccination locations as part of this organization shall comply with the following terms related to use of the North Carolina Immunization Registry (NCIR) for COVID-19 vaccine information." Below the checkbox is a list of 10 terms of the agreement. At the bottom right, the "Next" button is highlighted with a red box.

Selected COVID-19 Vaccine Documentation System

NCIR

NORTH CAROLINA IMMUNIZATION REGISTRY AGREEMENT (2021 COVID)

☒ I understand that as part of this COVID-19 Vaccine Agreement, the organization and participating COVID-19 vaccination locations as part of this organization shall comply with the following terms related to use of the North Carolina Immunization Registry (NCIR) for COVID-19 vaccine information.

1. Designate a minimum of two NCIR Administrators to be responsible for the maintenance of all organization users. This will ensure if the primary administrator is unavailable, the backup can perform the necessary NCIR functions.
2. Maintain and protect the confidentiality of information contained in NCIR in accordance with applicable North Carolina state and federal law as well as the requirements set forth in the NC DHHS Privacy and Security Manuals (<https://policies.ncdhhs.gov/departamental/policies-manuals/section-viii-privacy-and-security/>) and the NC Statewide Information Security Manual (<https://it.nc.gov/statewide-information-security-policies>).
3. Require all new and existing organization users accessing NCIR under your authority to sign a *NCIR User Confidentiality Agreement*. The signed agreement should be maintained on site and made available to the Immunization Branch upon request.
4. Assume responsibility for all organization users accessing NCIR under your authority. Ensure all current and new organization staff receive NCIR training, agree to not share NCIR user ID and/or passwords or other credentials with any other individual, and protect the confidentiality and integrity of the information contained in NCIR in accordance with this agreement and applicable law.
5. Deactivate all organization users immediately should they leave your organization or are assigned to different duties within the organization that do not require NCIR access.
6. Provide the North Carolina Immunization Branch with notice of all suspected and confirmed privacy/security incidents or privacy/security breaches involving unauthorized access, use, disclosure, modification, or destruction of the information retained in NCIR, including a breach of account credentials or user permissions. Notice shall be provided within twenty-four (24) hours after the incident is first discovered by submitting a report at: <https://security.ncdhhs.gov/>.
7. Provide an immunization record, at no charge, to the patient each time an immunization is given.
8. Share immunization information upon request as specified in G.S. 130A-153 and 10A NCAC 41A .0406.
9. Report all adverse events as they occur through the Vaccine Adverse Events Reporting System (VAERS) electronically. For a complete list of required reportable events go to: <http://www.vaers.hhs.gov/reportable.htm>. Add an appropriate client comment in NCIR.
10. Acknowledge and agree that all medical treatment and diagnostic decisions are the sole responsibility of the COVID-19 vaccine providers and Supervising Physician.

The Immunization Branch or the Provider may terminate this agreement at any time for personal reasons or failure to comply with all conditions of this agreement. The conditions of this agreement are subject to change.

Pause Previous Next

Step 6b of 9: Selecting CVMS

If you select CVMS, no additional action is required.

1. Select **CVMS** from the pick list
2. Click **NEXT**

Audience

Organization
Administrator

* Selected COVID-19 Vaccine Documentation System

CVMS

Pause Previous Next

Step 7 of 9: Complete CMO Information

After adding your locations, you will enter your **CHIEF MEDICAL OFFICER** (CMO) Information on the Responsible Officers page.

At the bottom, you will see the box **SEND REQUEST FOR SIGNATURE NOW** checkbox. This will immediately generate an email to the CMO requesting their review and approval. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

- 1. Enter **ALL CMO DETAILS** matching what is on their provider license.
- 2. Click **NEXT**

Audience

Organization Administrator

Tips

If you do not check the **send request for signature now** checkbox, the CMO will be notified once all vaccine coordinators complete Section B of the Provider Enrollment Agreement. Enter your information if you will also be the CMO of your Organization.

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

* First Name
Bruce

Middle Initial

* Last Name
Banner

* Title
CMO

* License State
North Carolina

* License Number
888888

* Telephone Number xxx-xxx-xxxx

☐ Send Request for Signature Now

Pause

Previous Next

Step 8 of 9: Complete CEO Information

After entering the CMO details, you will be directed to enter your **CHIEF EXECUTIVE OFFICER** (CEO) Information on the Responsible Officers page.

You will see the same **SEND REQUEST FOR SIGNATURE** checkbox. This will immediately generate an email to the CEO requesting their approval and signature. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

- 1. Enter **ALL CEO DETAILS**
- 2. Click **NEXT**

✓

✓

✓

Responsible Officers

Review

Next Steps

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

Chief Executive Officer (or Chief Fiduciary) Information

* First Name

Peter

Middle Initial

* Last Name

Strange

☐ Send Request for Signature Now ⓘ

Pause

Previous

Next

Audience

Organization Administrator

Tips

If you do not check the **send request for signature now** checkbox, the CEO will be notified once all vaccine coordinators complete Section B of the Provider Enrollment Agreement.

Enter your information if you will also be the CEO of your Organization.

Step 9 of 9: Review and Submit Section A

Review all details. If you need to make any changes before completing Section A, use the **PREVIOUS BUTTON** to go back and **MAKE UPDATES**.

If all details are correct, submit Section A by clicking **NEXT**

Note: Once submitted, you will not be able to make any changes.

Audience

Organization Administrator

✓

✓

✓

✓

Review

Next Steps

Provider Enrollment

Organization

Organization Identification:

Organization Name

DoNotUse - NotRealOrg 1

Organization Telephone Number ⓘ

111-222-3333

Organization Email ⓘ

mhtest@test.com

Organization Address 1

888 Test

Organization Address 2

Organization City

Previous

Next

Next Steps

Section A has been completed. Click on the links on the following pages to learn more about next steps to enroll and onboard to North Carolina’s COVID-19 vaccination program.

Audience

Organization Administrator

✓

✓

✓

✓

✓

✓

Next Steps

Your organization information has been completed in Section A of the Provider Enrollment Portal.

Section B for all locations must also be completed before your enrollment application is submitted to NCDHHS for review and approval.

Section B of the enrollment application must be completed for each location where COVID-19 vaccines will be stored/administered as part of the agreement. After the details for all locations within your organization have been entered, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete, and your application will be submitted to NCDHHS for review and approval.


Please note that as the organization admin, you can also obtain the CMO and CEO signatures by clicking on the 'CEO Review/Sign' and 'CMO Review/Sign' tabs at the top of this page and having each individual complete and sign where indicated.

As the organization admin, you can also complete Section B of the enrollment application on behalf of each location's primary vaccine coordinator by going to the 'Locations' tab at the top of this page and clicking on 'Agreement Details' for each location.

Organizations who meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended providers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please contact the COVID-19 Vaccine Provider Help Desk at: https://ncgov.servicenowservices.com/csm_vaccine

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

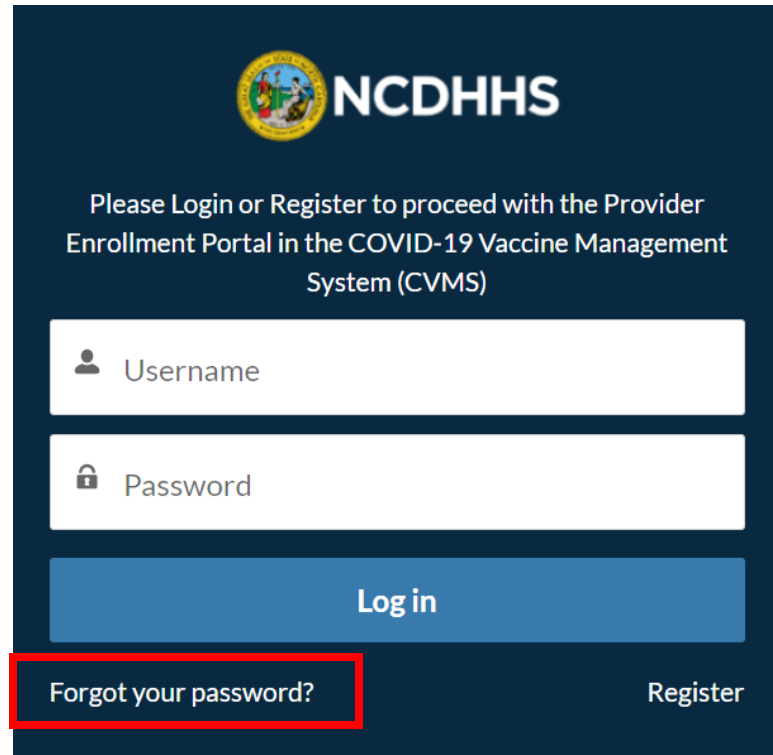
Appendix

Reset Password

Step 1 of 4: Initiate Password Reset

You will be able to reset your password at any time.

1. Navigate to **CVMS PROVIDER ENROLLMENT PORTAL** (<https://covid-enroll.ncdhhs.gov/>)
2. Click the **FORGOT YOUR PASSWORD?**



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

Forgot your password? [Register](#)

Audience

Organization Administrator

Vaccine Coordinator

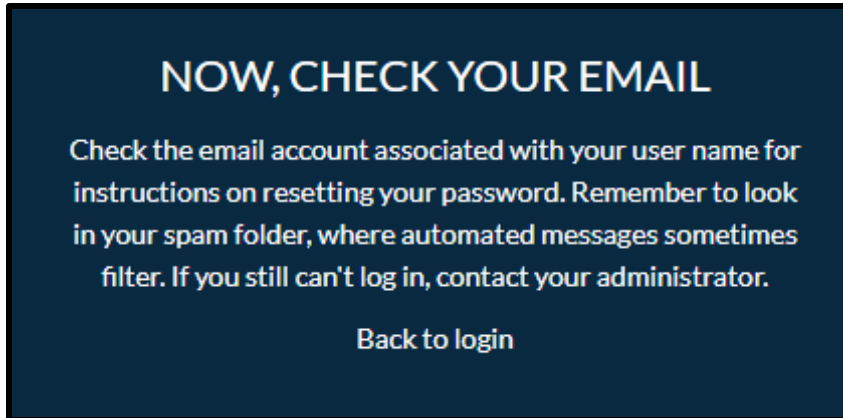
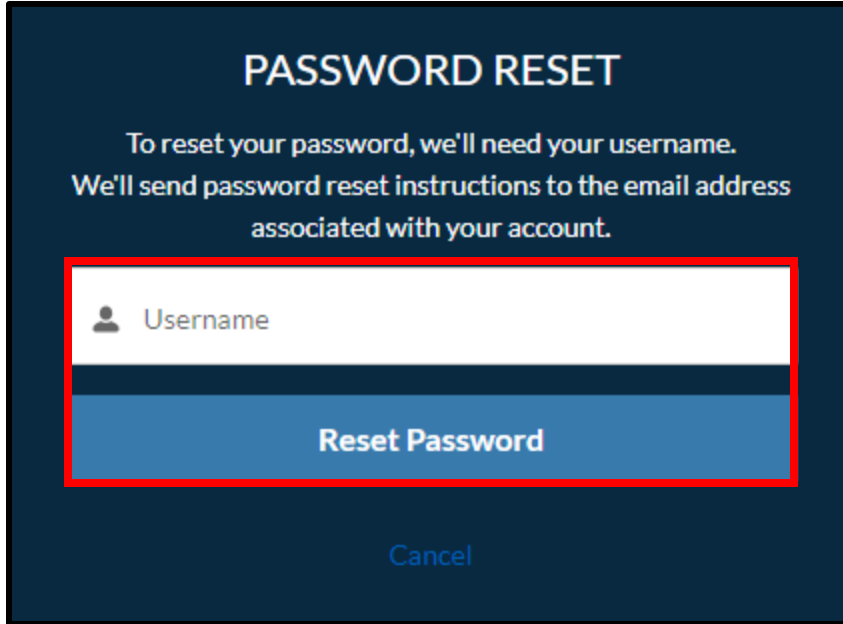
CEO

CMO

Tips

Consider using a password manager to keep your password if your organization's security policy allows it.

Step 2 of 4: Trigger Email to Reset Password



You will be prompted to enter your **USERNAME**. You can expect an email from COVIDenroll@dhhs.nc.gov with a link to reset your password.

1. **ENTER YOUR USERNAME.** In most cases, this will be the email address you used to register your account
2. Click **RESET PASSWORD**
3. You will be directed to a page that says **NOW, CHECK YOUR EMAIL**

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Tips

Check the spam/junk folder of your email account if you do not receive a password reset email.

Step 3 of 4: Check Password Reset Email

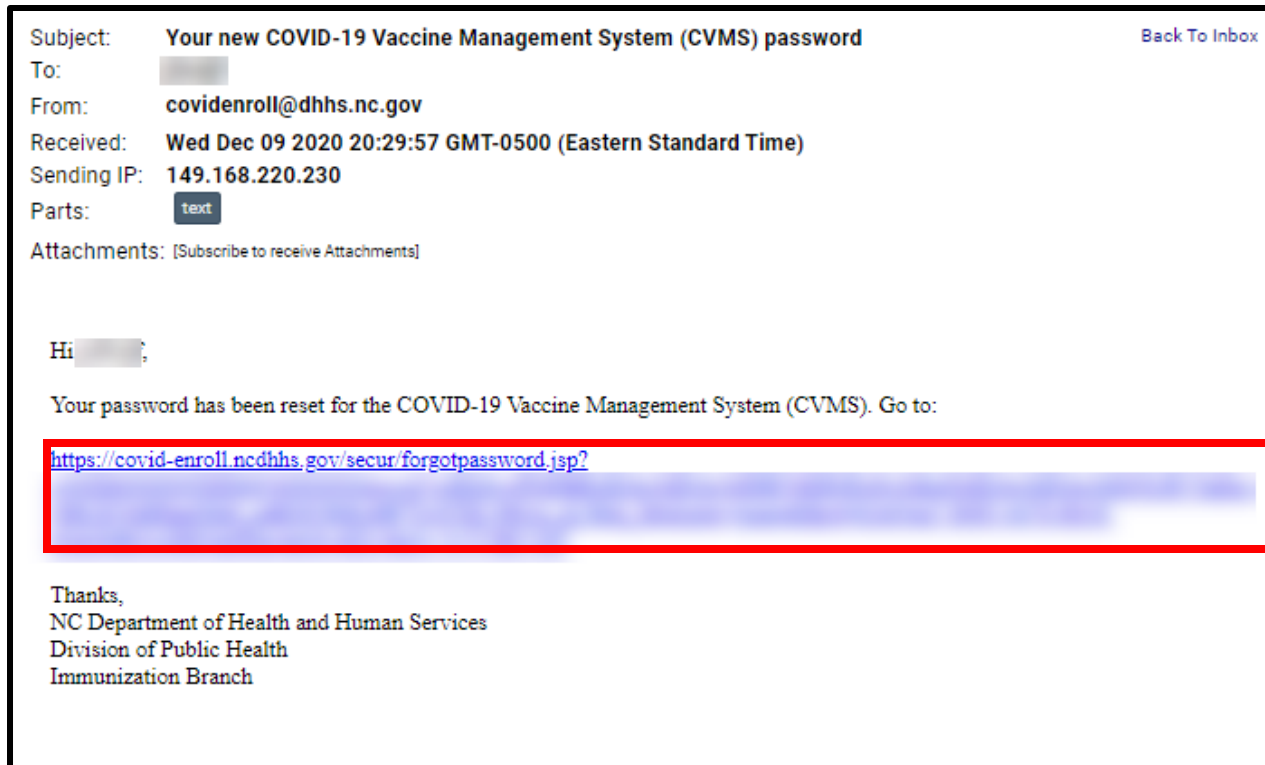
You will be sent an email with a **LINK TO RESET YOUR PASSWORD**.

1. CHECK YOUR EMAIL INBOX

2. Check your **SPAM OR JUNK FOLDER** if the email does not appear in your inbox

3. Open the email

4. **CLICK THE LINK** in the email



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Tips

Contact the **NC Vaccines Help Desk** if you do not receive an email (see slide 2 of this User Guide for contact information).

Step 4 of 4: Complete Password Reset

 **NCDHHS**

Change Your Password

Enter a new password for **jfosijf@mailinator.com**.
Make sure to include at least:

☐

12 characters

☐

1 uppercase letter


☐

1 lowercase letter

☐

1 number

☐

1 special character 

Change Password

Password was last changed on 12/9/2020, 5:31 PM.

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You will be directed to a page where you can reset your password.

1. Enter a **NEW PASSWORD** that meets the **PASSWORD CRITERIA**
2. Enter the same password under **CONFIRM NEW PASSWORD**
3. Click **CHANGE PASSWORD**
4. If you have successfully reset your password, you will be routed to the CVMS Provider Enrollment Portal

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Tips

The Change Password will change color when all requirements have been met.

CVMS Steps For Providers

✓ Step 1 - Register your organization

☐ Step 2 - Register each vaccine location and all prescribing providers who will administer vaccine

☐ Step 3 - Obtain NCID credentials

☐ Step 4 - Create user accounts for your organization's CVMS users

☐ Step 5 - Navigate the CVMS **Provider Portal**

☐ Step 6 - Receive and manage vaccine inventories

☐ Step 7 - Add locations to the find a vaccine location website






☐ Step 8 - Invite recipients to register in the COVID-19 Vaccine Portal

☐ Step 9 - Invite recipients to self-schedule their appointments (optional)

☐ Step 10 - Check-in recipients and document vaccination

Additional Notes

Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- *** Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers to access CVMS.
- For more details on supported browsers, see https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5
- Note: Internet Explorer and Edge (non-Chromium) are not compatible with CVMS.

User Guide Change Log

Version	Date of Change	Changes Made	Author
1	12/10/2020	<ul style="list-style-type: none"> Original version 	Kevin Kauffman
2	12/31/2020	<ul style="list-style-type: none"> Removed link to the Provider Enrollment portal 	Simon Couderc
3	01/08/2021	<ul style="list-style-type: none"> Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information. 	Courtney Seward
4	01/13/2021	<ul style="list-style-type: none"> Replaced screenshots with updated Provider Enrollment Portal branding 	Kechia Scott
5	02/11/2021	<ul style="list-style-type: none"> Took out any mention of the covid help email 	Courtney Seward
6	03/09/2021	<ul style="list-style-type: none"> Updated organization approval requirements 	Azalea Troche
7	04/13/2021	<ul style="list-style-type: none"> Updated text for Section A completion; added update on automatic email notification sent for approved locations 	Azalea Troche
8	04/23/2021	<ul style="list-style-type: none"> Updated organization approval email screenshot 	Kevin Kauffman
9	05/19/2021	<ul style="list-style-type: none"> Included location enrollment status overview Added resubmission guidance 	Kevin Kauffman
10	07/27/2021	<ul style="list-style-type: none"> New user guide version 	Vanessa Kemajou
11	08/26/2021	<ul style="list-style-type: none"> Held Desk references Updated 	Kaitlin Gates
12	09/15/2021	<ul style="list-style-type: none"> Held Desk hours Updated 	Kaitlin Gates
13	11/05/2021	<ul style="list-style-type: none"> 6 – Process updated to include system selection 7 – Title updated 12 – Slide added for Confidentiality Agreement 13 – Required Fields added 13-16, 20-21 – Screenshots updated 17-19 – Slides added for system selection 	Darrell Lee

User Guide Change Log (cont)

Version	Date of Change	Changes Made	Author
14	11/15/2021	<ul style="list-style-type: none">18 – “REGISTRY AGREEMENT” updated to “NCIR AGREEMENT”; incorrect information about automatic e-mail removed	Darrell Lee